



SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

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| Application number:: | <u>10/537,455</u> |
| Filing Date:: | |
| Application Type:: | 371 National Entry |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | No |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | METHODS FOR DIAGNOSIS AND PROGNOSIS OF CANCER |
| Attorney Docket Number:: | 701039-050025 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 6 |
| Small Entity?:: | Yes |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | No |
| Petition Type:: | |

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|---------------------------------|-------------------------------------|
| Licensed US Govt. Agency:: | National Institutes of Health (NIH) |
| Contract or Grant Numbers:: | R01CA37393 |
| Secrecy Order in Parent App.?:: | |

APPLICANT INFORMATION

| | |
|---|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full capacity |
| Given Name:: | Bruce |
| Middle Name:: | |
| Family Name:: | Zetter |
| Name Suffix:: | |
| City of Residence:: | Wayland |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 41 Grove Street |
| City of mailing address:: | Wayland |
| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 01778 |

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|---|---|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US <u>CA</u> |
| Status:: | Full capacity |
| Given Name:: | Lloyd |
| Middle Name:: | |
| Family Name:: | Hutchinson |
| Name Suffix:: | |
| City of Residence:: | Brookline <u>Arlington</u> |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 69 Fuller Street <u>129 Newport St</u> |
| City of mailing address:: | Brookline <u>Arlington</u> |
| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 02446 <u>02447</u> |

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|---|--|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | CN <u>US</u> |
| Status:: | Full capacity |
| Given Name:: | Lere |
| Middle Name:: | |
| Family Name:: | Bao |
| Name Suffix:: | |
| City of Residence:: | Newton <u>Maynard</u> |
| State or Province of Residence:: | MA |
| Country of Residence:: | US |
| Street of mailing address:: | 145 Day Street <u>8 Carriage</u> <u>Lane</u> |
| City of mailing address:: | Newton <u>Maynard</u> |
| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 02466 <u>01754</u> |

CORRESPONDENCE INFORMATION

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REPRESENTATIVE INFORMATION

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|-------------------------------------|-------|
| Representative Customer Number:: | 50828 |
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OR

| Representative Designation:: | Registration Number:: | Representative Name:: |
|------------------------------|-----------------------|-----------------------|
| Attorney of Record | 30,628 | Ronald I. Eisenstein |
| Attorney of Record | 34,235 | David S. Resnick |
| Agent | 47,150 | Nicole L.M. Valtz |
| Agent | L0207 | Leena H. Karttunen |
| Attorney | 30,727 | Michael L. Goldman |

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-------------------|---|----------------------|----------------------|
| This application | National Stage of | PCT/US2004/000447 | 01/09/2004 |
| PCT/US2004/000447 | An application claiming the benefit under 35 USC 119(e) | 60/438,861 | 01/09/2003 |

FOREIGN PRIORITY INFORMATION

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|-----------|-------------------------|------------------|-----------------------|
| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
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ASSIGNEE INFORMATION

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|--|--|
| Assignee name:: | Children's Medical Center Corporation |
| Street of mailing address:: | 55 Shattuck Street |
| City of mailing address:: | Boston |
| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 02115 |

Date: _____

Respectfully submitted,

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